Case 19-13113-mdc Doc 19 Filed 06/24/19 Entered 06/24/19 19:41:15 Desc Main

Fill in this information to identify your case:				L of	check one box only as directed in this form and in
Debtor 1 Debtor 2 (Spouse, if filing) United States	Bankruptcy Court fo	Middle Name Middle Name	Last Name Last Name sylvania	F	1. There is no presumption of abuse. 2. The calculation to determine if a presumption of abuse applies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A–2).
Case number (If known)	19-13113				3. The Means Test does not apply now because of qualified military service but it could apply later.
					Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

	☑ Not married. Fill out Column A, lines 2-11.☑ Married and your spouse is filing with you. Fill out	both Colum	ns A and B, I	ines 2-11			
	✓ Married and your spouse is NOT filing with you. Y						
	☑ Living in the same household and are not leg				mns A and B, lines	3 2-11.	
	Living separately or are legally separated. Fill under penalty of perjury that you and your spous spouse are living apart for reasons that do not in	e are legally	/ separated u	nder non	bankruptcy law tha	at applies or that you and your	
	Fill in the average monthly income that you received bankruptcy case. 11 U.S.C. § 101(10A). For example, if August 31. If the amount of your monthly income varied of Fill in the result. Do not include any income amount more income from that property in one column only. If you have	you are filin luring the 6 i than once.	g on Septem months, add t For example,	ber 15, the the income if both sp	ne 6-month period ne for all 6 months pouses own the sa	would be March 1 through and divide the total by 6. ame rental property, put the	
					Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
2.	Your gross wages, salary, tips, bonuses, overtime, ar (before all payroll deductions).	nd commiss	sions		<u>\$ 6,292.17</u>	\$ 5,400.00	
3.	Alimony and maintenance payments. Do not include particular of the column B is filled in.	ayments froi	m a spouse if		\$_0.00	§ 0.00	
4.	All amounts from any source which are regularly paid of you or your dependents, including child support. It from an unmarried partner, members of your household, yand roommates. Include regular contributions from a spot filled in. Do not include payments you listed on line 3.	nclude regul your depend	ar contributio lents, parents	ns S,	<u>\$_0.00</u>	\$ <u>0.00</u>	
5.	Net income from operating a business, profession, or farm	Debtor 1	Debtor 2				
	Gross receipts (before all deductions)	\$ <u>0.00</u>	\$ <u>0.00</u>				
	Ordinary and necessary operating expenses	- \$ <u>0.00</u>	- \$ <u>0.00</u>				
	Net monthly income from a business, profession, or farm	\$ <u>0.00</u>	\$_0.00	Copy here→	\$_0.00	<u>\$_0.00</u>	
6.	Net income from rental and other real property Gross receipts (before all deductions) Ordinary and necessary operating expenses	Debtor 1 \$0.00 \$0.00					
	Net monthly income from rental or other real property	÷Ω.ΩΩ	φ N NN	Сору	\$ 0.00	\$ 0.00	

7. Interest, dividends, and royalties

\$0.00

\$ 0.00

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btor 1	James Fitzgerald Bowyer First Name Middle Name Last Name		Case number (if known)	19-13113	
			Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
Unempl	oyment compensation		\$ 0.00	\$ 0.00	
Do not e under th For yo	enter the amount if you contend that the amount is e Social Security Act. Instead, list it here:	\$ <u>0.00</u>	Ψ	Ψ	
Pension	n or retirement income. Do not include any amount the Social Security Act.		_{\$} 0.00	\$ 0.00	
Do not in as a vict	from all other sources not listed above. Specinclude any benefits received under the Social Settim of a war crime, a crime against humanity, or in. If necessary, list other sources on a separate process.	ecurity Act or payments received nternational or domestic	d		
			\$ <u>0.00</u>	\$ <u>0.00</u>	
			\$ <u>0.00</u>	\$ <u>0.00</u>	
Total a	mounts from separate pages, if any.		+ \$0.00	+ \$ 0.00	
	te your total current monthly income. Add line Then add the total for Column A to the total for C		\$ 6,292.17	+ \$5,400.00	= \$\frac{11,692.17}{Total current monthly income}
art 2:	Determine Whether the Means Test App	olies to You			monthly moone
. Calculat	te your current monthly income for the year. I	Follow these steps:			
12a. Copy your total current monthly income from line 11			c	Copy line 11 here	\$ 11,692.17
М	lultiply by 12 (the number of months in a year).			_	x 12
12b. Ti	he result is your annual income for this part of the	e form.		12b.	\$ <u>140,306.</u> 04
. Calcula	te the median family income that applies to y	ou. Follow these steps:			
Fill in the	e state in which you live.	PA			
Fill in the	e number of people in your household.	2		-	
To find a	e median family income for your state and size o a list of applicable median income amounts, go o ons for this form. This list may also be available a	nline using the link specified in		13.	\$_66,649.00
. How do	the lines compare?				
14a. 🗖	Line 12b is less than or equal to line 13. On the Go to Part 3.	top of page 1, check box 1, The	ere is no presumpti	ion of abuse.	
14b. ઇ	Line 12b is more than line 13. On the top of pag Go to Part 3 and fill out Form 122A–2.	e 1, check box 2, The presump	tion of abuse is de	termined by Form 122A	4-2.
art 3:	Sign Below				
	By signing here, I declare under penalty of perjui	y that the information on this st	atement and in any	attachments is true ar	nd correct.
	✗/s/ James Fitzgerald Bowyer	*	,		
	Signature of Debtor 1		nature of Debtor 2		
	Date 06/24/2019 MM / DD / YYYY	Da	te		
			141141 / 00 / 111	l .	
	If you checked line 14a, do NOT fill out or file	Farm 100A C	WINT, DD , TTT	•	